UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/GAB/4
24 December 2001

ORIGINAL: ENGLISH

First regular session 2002
28 January to 8 February 2002, New York
Item 10 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Gabon

Proposed UNFPA assistance:	$1.7 million, $1.25 million from regular resources and $450,000 through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fourth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	0.7	0.3	1.0
Population and development strategies	0.3	0.15	0.45
Programme coordination and assistance	0.25	-	0.25
Total	1.25	0.45	1.7

GABON

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	80	≥60
Contraceptive prevalence rate (%)[2]	--	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	3.52	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	172.3	≤65
Infant mortality rate (per 1,000 live births)[5]	87	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	53	≥50
Secondary net enrolment ratio (%)[8]	--	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

[1] Electronic database, World Health Organization, December, 1999.
[2] United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
[3] UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
[4] United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*.
[5] United Nations Population Division, *World Population Prospects: The 1998 Revision*.
[6] The World Bank, *World Development Indicators, 2000*.
[7] UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
[8] UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women (2000)*, based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	1,262	Annual population growth rate (%)	2.41
Population in year 2015 (000)	1,757	Total fertility rate (/woman)	5.40
Sex ratio (/100 females)	98	Life expectancy at birth (years)	
Age distribution (%)		Males	51.8
Ages 0-14	40.2	Females	54.0
Youth (15-24)	17.1	Both sexes	52.9
Ages 60+	8.7	GNP per capita (U.S. dollars, 1998)	4170

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights*. GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Government of Gabon in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $1.7 million, of which $1.25 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $450,000 through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the fourth UNFPA programme of assistance to Gabon, a "Category B" country under the Fund's resource allocation system.

2. The Government of Gabon has indicated its intention to contribute $150,000 a year for the implementation of the proposed programme. In this context, it is worth noting that the Government provided counterpart contributions towards the implementation of the third country programme (1998-2001). Should and when counterpart funds become available, they will be utilized to intensify and expand the coverage of activities, with emphasis on the reduction of maternal mortality.

3. The proposed programme, developed under the leadership of the Government with the technical guidance of the UNFPA country office and the Country Technical Services Team (CST) in Dakar, Senegal, is the fruit of the collaborative efforts of a working group composed of representatives from various government ministries and institutions, non-governmental organizations (NGOs) and youth and religious groups. Although the Government's efforts to develop and adopt an explicit national population policy are still at the embryonic stage, the proposed programme takes into account the long-term development goals of the Government as contained in the Gabon 2025 strategic study and the Government's general policy declaration, as well as the laws and guidelines defining sectoral development policies.

4. The proposed programme also takes into account the Government's current efforts in the development of a national AIDS strategic plan in response to the HIV/AIDS pandemic, which includes government subvention for the procurement of anti-retroviral drugs and the promulgation of a law for the protection of the health of the mother and child, which, de facto, abrogates an ordinance that had forbidden the practice of family planning and contraception in government health facilities. It also takes into consideration the establishment in the Ministry of Planning, Development Programming and National Development of mechanisms for coordinating population activities and the strengthening of the socio-economic database through the recent publication of the first-ever demographic and health survey (DHS). The proposed programme also draws on the draft conclusions of the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF).

5. The UNDAF aims at assisting the Government in reducing poverty through pursuit of activities carried out in the context of three sub-themes: good governance, HIV/AIDS and the environment. In the area of good governance, especially as it relates to social policies and programmes, UNFPA would support the Government in strengthening population coordination mechanisms and in the formulation of a national population policy consonant with national development objectives. Other interventions would include contributing to eliminating gender disparities by advocating for the nomination of women to decision-making positions, identifying and publicizing positive legal provisions for improving the status of women, and advocating for the promulgation of new ones, and amending and/or abrogating legal provisions that discriminate against women. As regards HIV/AIDS, UNFPA would intensify education and prevention activities, including the distribution of male and female condoms. The proposed programme is synchronized with the programming cycles of UNDP and UNICEF.

6. The overall goal of the proposed programme is to contribute to national efforts to improve the quality of life of Gabon's population. It will address such key issues as reproductive health, including adolescent reproductive health; HIV/AIDS prevention; and gender equity and equality and the empowerment of women.

7. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

8. According to the 1993 census, the population of Gabon was 1.2 million, with a population density of less than 5 inhabitants per square kilometre. With an annual population growth rate of 2.5 per cent (impact of AIDS-related deaths excepted), the population is projected to double in 28 years. Life expectancy at birth is 52.6 years (1999). The population is young: about 40 per cent and 45 per cent of the population are under 15 and 25 years of age, respectively. According to the 2000 DHS, the total fertility rate is 4.3 children per woman of reproductive age, with variations between urban areas (3.5) and rural areas (5.7). The same survey reported that 88 per cent of deliveries were carried out with the assistance of trained or skilled personnel. The DHS reported an adult female literacy rate of 44.8 per cent, access to health services by 90 per cent of the population and access to safe drinking water by 73.5 per cent. It also reveals an urban population of 81 per cent in 2000, as against 73 per cent in 1993 and 39 per cent in 1980, and a heavy concentration – about 75 per cent of the population – in the three towns of Libreville, Port-Gentil and Franceville.

9. With a per capita income of $6,024 in 1999, Gabon is considered one of the richest countries in sub-Saharan Africa. However, only a meagre proportion of resources are allotted to the social sector. According to UNDP's *Human Development Report 2001*, government expenditures on health in 1998 amounted to only 2.1 per cent of the gross domestic product. Thus, in spite of its high per capita income, Gabon is far from attaining some of the main targets of the ICPD, as illustrated by the country's very high maternal mortality ratio of 519 deaths per 100,000 live births, the very low prevalence rate of modern contraception (14 per cent), and the high HIV/AIDS prevalence rate (7.7 per cent).

10. Also contributing to the high number of maternal deaths has been a long-standing restrictive and unfavourable legislative and sociocultural environment towards improved reproductive health. Until August 2000, the practice of family planning was illegal. One result of this situation has been a resort to clandestine abortions. A survey conducted in the three main maternities of Libreville by the country's Association of Midwives revealed that about 27 per cent of the pregnancies were unwanted.

11. A belt of infertility runs through countries of the central Africa region, including Gabon. Little is known about the causes of this phenomenon. Permanent sterility is common among the population, and the situation remains of major concern to the Government. However, there was a noticeable drop of 46 per cent in the rate of sterility between 1960 and 1993, and this has been an important contributory factor to a revision of the Government's long-standing pronatalist position in favour of the legitimization of family planning services.

12. The HIV/AIDS prevalence rate is currently estimated at 7.7 per cent, and the pandemic is spreading rapidly. In 1991, it was estimated that only 2.8 per cent of the adult population was seropositive. In 2000, the number of people infected with HIV and those living with AIDS was estimated at 30,000 and 5,000, respectively. Viewed as a development issue of major concern, an inter-ministerial commission has been formed to combat the epidemic in all its dimensions, and the development of a national AIDS strategic plan is under way. A technical consultative committee has also been formed in the Ministry of Health. In May 2001, the Government and international pharmaceutical firms agreed to a 90 per cent reduction in the costs of anti-retroviral drugs; other measures taken by the Government have included tax exemptions on medications and related supplies.

13. In 1994 the Government ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The ratification is consistent with the provisions of the Constitution, which proclaims equality between the sexes in all aspects of social, cultural, economic and political life. Through advocacy initiatives by UNFPA and other partners, such as the creation of a network of women ministers and parliamentarians, the Government has become increasingly conscious of gender issues and has been gradually taking measures to improve the status of women. Clear evidence of this greater awareness is the creation of a Ministry for

Women's Affairs headed by a woman, and the establishment of a structure to promote and defend women's rights. A critical analysis of social indicators and people's attitudes and behaviour reveals, however, entrenched biases against women and the absence of gender equality and equity in their treatment. Women are victims of gender-based violence and of various types of discriminations at all levels. The situation is further exacerbated by the existence of discriminatory laws in relation to dowry, divorce and inheritance within marriage. Few Gabonese women occupy decision-making positions. There are also important geographical disparities: rural women have specific needs, distinct from those of urban women, including higher fertility levels and greater poverty levels.

14. The Government has not yet officially adopted or declared a national population policy. The lack of such an instrument is reflected in the absence of a framework and appropriate guidelines for addressing population problems in a coherent and realistic manner, consistent with the country's development goals. The integration of population factors, including gender issues, into the development planning process is of great importance. Without a national population policy, responses to population problems have tended to be ad hoc and haphazard and sometimes contradictory. Efforts are currently under way to formulate such a policy. A coordinating mechanism is already in place for this purpose in the Ministry of Planning, Development Programming and National Development.

Previous UNFPA assistance

15. UNFPA has provided assistance to Gabon since 1988 in the amount of approximately $5.2 million through three programmes over the period 1988-2001. Although implementation of the programmes was constrained by many factors, important achievements have been accomplished. The implementation of the first programme (1988-1991) was decisive in raising the awareness of national authorities about the importance of population issues and the need for their integration in development planning. The second programme (1992-1997) enabled the Government, through the 1993 census, to have, for the first time, reliable socio-demographic data for economic planning and development. It further increased the awareness of population managers and decision makers about the interrelationships between population factors and development and the importance of reproductive health. The programme undertook a series of studies, including operational research on maternal health, sexually transmitted infections (STIs) including HIV/AIDS, induced abortions and mortality in Ngounié and Estuaire provinces. The immediate consequence was the issuance of a ministerial edict authorizing the practice of family planning but restricting it to matters related to maternal and child care. Nevertheless, this marked the beginning of a process that culminated in the promulgation of a law in August 2000 that de facto abrogated the ordinance that had banned the practice of family planning.

16. The third programme of assistance (1998-2001) was approved in the amount of $1.7 million, of which $1.2 million came from regular resources. Significant achievements of this

programme in the area of reproductive health included: (a) a national symposium on reproductive health organized in June 1999, which led to an understanding of the concept and major components of reproductive health in the Gabonese context and the establishment of a multisectoral national committee to develop a national reproductive health strategy and programme; (b) continuous sensitization efforts that have contributed to a conducive environment for reproductive health and have led to the liberalization of laws on family planning; (c) the strengthening of local NGOs; (d) establishment of a structure for the management of youth and adolescent programmes, including reproductive health issues; (e) identification of two sites and formulation of plans to set up two youth counselling centres in Libreville and Port-Gentil; (f) production and testing of teaching materials for population and family life education for introduction into primary and secondary schools; and (g) support for *Radio émergence*, a radio station broadcasting programmes produced and presented by youths themselves that deal with, among others, reproductive health issues.

17. In the area of population and development strategies, the previous programme recorded several achievements: (a) the country's statistical base for planning was enhanced by the preliminary results of the 2000 DHS; (b) the Ministry of Planning, Development Programming and National Development was strengthened through the establishment of a coordinating mechanism to help pilot activities for the formulation and adoption of a national population policy; (c) the establishment of the network of women ministers and parliamentarians helped in promoting the status of women and mainstreaming gender issues into development; and (d) the reactivation of the group of parliamentarians for population and development was instrumental in adopting the law legalizing contraception as well as in the mobilization of approximately $1.85 million in government contributions for population activities.

18. The following constraints persist: weak coordination within and between subprogrammes; slow implementation of programme activities due to delays in the release of government counterpart funding and in the submission of financial expenditure reports by projects; inadequate technical capacity on the part of the Government; and lack of an appropriate framework to address population and development issues in a more coherent manner.

19. Important lessons drawn from the previous programme include the continued relevance and importance of persistent and well-targeted advocacy. Whatever the nature or magnitude of population problems, UNFPA's presence in the field and its continuous and judicious use of the findings of research results for advocacy and sensitization activities directed towards decision makers, opinion leaders and civil society can and often does succeed in changing perceptions and attitudes. Despite limited financial resources, UNFPA's continuous presence and vanguard position in the field of population had a real impact in influencing national authorities and civil society to take into account reproductive health issues in a pronatalist environment.

Other external assistance

20. External assistance for population activities in Gabon has come mainly from UNICEF, UNDP, UNAIDS, the World Bank, the African Development Bank (ADB), the European Union and the Government of France. WHO has pledged $30,000 biannually to support the Government's efforts to reduce maternal and infant mortality. UNICEF contributed $750,000 a year for the support, *inter alia*, of primary health-care services, the supply of essential drugs and the protection of children's rights.

21. WHO, UNICEF and the World Bank collaborated with UNFPA in the financing of the 2000 DHS. UNDP has supported the Government's poverty reduction programme, including the activities of a multisectoral information, education and communication (IEC) programme by helping to establish a community-based radio station to increase young people's awareness of, among others, issues relating to population, reproductive health, STIs and HIV/AIDS.

22. UNAIDS is providing technical and financial assistance to the national AIDS control programme and for a mobile treatment centre for AIDS patients. UNAIDS is also supporting government efforts to improve access to anti-retroviral drugs. WHO, UNICEF, the World Bank and the European Development Fund are actively involved in funding and providing technical assistance for the review of the national health action plan. The aim is to set up a reliable national health information system and to revamp the national AIDS control programme and drug supply system. Also, the Government of France supports prevention of STIs and HIV/AIDS and the training of health personnel.

23. The European Union is helping upgrade the health infrastructure by constructing referral hospitals and health centres, providing training and refresher courses for health personnel, and supplying medical equipment and drugs in four provinces (Estuaire, Moyen Ogooué, Ogooué Lolo and Ogooué Evindo). The ADB has financed the construction of 30 dispensaries and 15 health centres in three provinces (Nyonga, Ogooué Lolo and Ogooué Evindo).

Proposed programme

24. Within the overall programme as described in paragraph 5 above, UNFPA assistance would be channelled through two subprogrammes: reproductive health, including family planning and sexual health, and population and development strategies, with advocacy activities integrated into both of them. The cross-cutting issue of gender would be mainstreamed into the two subprogrammes. Over the years, the continuous and active presence of UNFPA in the country has demonstrated a unique comparative advantage in rallying and forming coalitions as well as in mobilizing different partners to address critical population issues, including IEC, reproductive health (especially in the procurement of family planning commodities) and population data collection. UNFPA will use this advantage strategically to help ensure

reproductive health commodity security for family planning and prevention of STIs and HIV/AIDS and to advocate for women's issues and mobilize support for the 2003 census.

25. Reproductive health. In light of the new law liberalizing the practice of family planning and authorizing the use of contraception, the purpose of the reproductive health subprogramme is to contribute to increased utilization of quality reproductive health services, especially for youth and adolescents. The subprogramme would focus on contributing to reducing the prevalence of STIs, including HIV/AIDS, particularly among youth in the capitals of three provinces, Estuaire, Haut-Ogooué and Ogooué Maritime, which comprise about 60 per cent of the total population. Another focus of the programme would be the reduction of maternal mortality, especially by helping to establish emergency obstetric care units in referral hospitals. Accessibility to, and utilization of, reproductive health services would be expanded to include men, women and adolescents. Furthermore, the subprogramme would support establishing mechanisms to foster and protect the reproductive health rights of women and to combat all forms of abuse against women. The subprogramme would help to assess the country's contraceptive needs and logistic requirements, in view of working with partners to put in place a reproductive health commodity security system. Five outputs are expected from the implementation of the subprogramme.

26. The first output is improved and expanded access to reproductive health information and services by youth and adolescents. In this regard, the subprogramme will capitalize on the achievements of the multisectoral and family life education programme at the primary and secondary school levels. The three initial subjects of biology, geography and civics will be expanded to include mathematics, French and other languages. The existing national network of young people's NGOs for reproductive health will be strengthened. In this context, three regional radio stations will be set up and members of the network of peer educators will be trained in counselling. The members will carry out community training and awareness activities in urban and peri-urban areas for young people, inside and outside the school environment. Three youth counselling centres will be set up in Libreville, Franceville and Port-Gentil. In addition, the staff of health centres and maternal and child health-care centres will be trained in adolescent issues including counselling.

27. The second expected output is a substantial reduction of STIs and HIV/AIDS prevalence, particularly among young people. Taking into account the national AIDS control programme and the activities of the UNAIDS theme group, the subprogramme will support IEC activities for behavioural change to be carried out by the mass media and the network of communicators in population and development issues. Awareness activities by NGOs aimed at communities, youth and women's associations, including religious organizations, will be strengthened and expanded. Male and female condoms will be made available through social marketing. Health centres in programme areas will be equipped with a minimum reproductive health package, and staff will be trained in the syndromic approach to diagnosing and treating STIs. In cooperation with UNAIDS and WHO, UNFPA will support the preventive aspect of a pilot project in a maternal

and child health centre in Libreville that aims to reduce mother-to-child transmission of HIV including by providing access to medical and counselling services for mothers.

28. The third expected output is the establishment and operationalization of pilot emergency obstetric units in three of nine maternity units of provincial hospitals. To support government efforts to reduce the number of pregnancy- and birth-related deaths, the subprogramme will strengthen the technical capacity of the professional staff in the maternities and improve the quality of services provided. The results of the most recent research have shown that the availability of emergency obstetric care services in referral hospitals, coupled with the improvement of professional assistance to deliveries and the establishment of an efficient referral system, contribute significantly to reducing the number of pregnancy- and birth-related deaths. If successful, the system will be replicated in other provinces of the country.

29. The fourth anticipated output is the increased availability and accessibility of quality reproductive health services, leading to their greater utilization by men, women, adolescents and young people. The subprogramme will support the integration of the reproductive health minimum activities package into health training programmes and IEC activities targeting men and youth, encouraging them to use reproductive health and family planning services. Efforts will also be made to improve the quality of health services by setting standards and quality control norms in training programmes, including strengthening the coordination and management capacities of staff. A study on contraceptive needs, storage and distribution will be carried out to help put in place a reproductive health commodity security system.

30. The fifth output is the establishment of institutional mechanisms equipped with the technical capacities to provide medical and counselling services to women and girls who have been victims of violence. The recently promulgated law on contraception contains provisions favourable to the protection and promotion of the reproductive health rights of women and children. One of the provisions allows for the establishment, under the supervision of the Ministry of Family and Women's Affairs, of a National Centre for Social Consultation responsible, among other things, for setting up a framework to deal with issues of violence against women and girls. The subprogramme will support the ministry in establishing structures to facilitate the implementation of the law. It will also strengthen the capacity of the staff of the national centre. Reproductive health centres will be equipped with skills to diagnose, treat and counsel victims of such violence. NGOs and civil society organizations will be encouraged and supported to continue to work for the promotion and protection of women's status and rights.

31. The planned activities under this subprogramme would be funded with $700,000 from regular resources, as well as the anticipated government counterpart contribution. If additional resources from multi-bilateral and/or other sources become available, the activities would be expanded beyond the capitals of the three regions where the subprogramme will be implemented.

32. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to poverty reduction efforts through improved management of population and development interrelationships. The subprogramme will be implemented throughout the country and will seek to strengthen technical and institutional capacities to coordinate and manage population issues; harness population IEC activities in regard to gender, reproductive health, population and development interactions; identify and address population issues specific to women in rural areas; and improve gender relations. Four outputs are expected from the implementation of the subprogramme.

33. The first expected output is strengthened coordination mechanisms for population activities. Technical and institutional capacity in the coordination of population-related activities will be strengthened through, *inter alia*, training in population and development, in monitoring and evaluation, and in the operationalization of population policies, programmes and related activities. The formulation and operationalization of the national population policy and the implementation of data collection activities, such as the 2003 census and the 2005 DHS, will be supported along with the analysis and publication of the data produced as well as the creation and management of a programme management database.

34. The second expected output is heightened and intensified IEC activities focusing on gender, reproductive health, and population and development interrelationships. This will be facilitated by conducting an IEC situation analysis, setting up awareness-raising modules, training awareness-raising agents and carrying out public awareness campaigns.

35. The third output is the availability of results of surveys on population issues specific to women in rural areas. Based on the findings of the survey, a strategy for intervention in favour of this target group will be formulated, including resource mobilization for its implementation.

36. The fourth expected output is improved gender equality and equity. Legal provisions supporting women's equality and empowerment will be identified and publicized. Through advocacy, the programme will seek to amend laws discriminating against women and to enact new legal provisions as necessary. Support will be provided for the elaboration and adoption of a family code promoting equality and equity. An analysis of the technical profile of women managers will be carried out, as will awareness-raising activities to promote the nomination of women to decision-making positions.

37. Planned activities under the population and development strategies subprogramme are based on $300,000 of regular resources from UNFPA and on an anticipated government contribution. More specifically, the main source of funding for data collection activities will be the Government. If additional resources from multi-bilateral and/or other sources become available, they would be utilized to complement the subprogramme. It is worth noting that there is a history of good government and partner collaboration in this area. Within the framework of

the 1993 census, UNFPA, the Government of France and the European Commission provided assistance of approximately $1.1 million to carry out the 1993 census. During the third country programme and under the leadership of UNFPA, the World Bank, WHO and UNICEF contributed to the realization of the 2000 DHS.

Programme implementation, coordination, monitoring and evaluation

38. The proposed programme will be coordinated by relevant government ministries and departments and will be implemented by the Government, public institutions, NGOs, religious groups and associations active in the areas of population and development and reproductive health in the country. Through the CST based in Dakar, Senegal, UNFPA will continue to work to build the capacity of the Government and its implementing partners.

39. Monitoring and evaluation of the programme will be carried out in accordance with established UNFPA guidelines and procedures. The recently published 2000 DHS results were used in selecting and setting the objectively verifiable indicators for monitoring the progress of programme implementation. These will be enhanced and updated with results obtained from the 2003 census. Annual reviews of the subprogrammes will be carried out. In addition, a midterm review of the programme will take place in 2004 and an end-of-programme evaluation in 2006.

40. The UNFPA country office comprises a non-resident Country Director based in Brazzaville, Congo, a National Programme Officer and a secretary. Due to funding constraints, the approved posts of an administrative/financial assistant and a driver are vacant. Discussions are under way to fill the vacancies in order to provide the needed support services for national execution, especially in the timely processing of financial advances, monitoring and follow-up of expenditures on projects, and field monitoring of the programme. In addition, consideration will be given to recruiting at least one national professional project officer to further strengthen the capacity of the office to monitor implementation of the programme. An amount of $250,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

41. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Gabon, as presented above, in the amount of $1.7 million for the period 2002-2006, of which $1.25 million would be programmed from the Fund's regular resources, to the extent such resources are available and the balance of $450,000 would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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